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PTO/SB/21 (09-04)

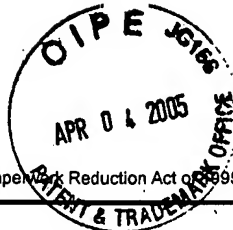
1FW 3737

| | | |
|---|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/052,204 |
| | Filing Date | January 15, 2002 |
| | First Named Inventor | Nowlin et al. |
| | Art Unit | 3737 |
| | Examiner Name | S. Shaw |
| Total Number of Pages in This Submission | Attorney Docket Number | 017516-001320US |

| ENCLOSURES (Check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | Mark D. Barrish | | |
| Date | 3/29/05 | Reg. No. | 36,443 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|------------|------|---------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature | | | |
| Typed or printed name | Tiffany Wu | Date | 2/21/05 |



PTO/SB/83 (01-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

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| Examiner Name | S. Shaw |
| Attorney Docket Number | 017516-001320US |

**To: Commissioner for Patents
Washington, DC 20231**

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: **At the request of the client.**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS☐ Customer NumberPlace Customer Number
Bar Code Label here**OR**

| | | | | | |
|---|--|-------------------------------------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Frank Nguyen, Vice President & General Counsel | (E-mail: Frank.Nguyen@intusurg.com) | | | |
| Address | Intuitive Surgical, Inc. | | | | |
| Address | 950 Kifer Road | | | | |
| City | Sunnyvale | State | CA | ZIP | 94086 |
| Country | USA | | | | |
| Telephone | (408)-523-2129 | Fax | (408)-523-1390 | | |

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 20350

This request is enclosed in **triplicate** (including any attachments).

Name Mark D. Barrish, Reg. No. 36,443, Townsend and Townsend and Crew, LLP

Signature

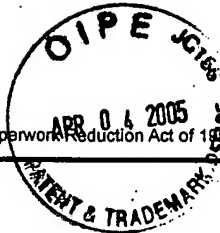
Date

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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☐ Customer Number

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OR

| | | | | | |
|---|--|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Frank Nguyen, Vice President & General Counsel (E-mail: Frank.Nguyen@intusurg.com) | | | | |
| Address | Intuitive Surgical, Inc. | | | | |
| Address | 950 Kifer Road | | | | |
| City | Sunnyvale | State | CA | ZIP | 94086 |
| Country | USA | | | | |
| Telephone | (408)-523-2129 | Fax | (408)-523-1390 | | |

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 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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Name Mark D. Barrish, Reg. No. 36,443, Townsend and Townsend and Crew, LLP

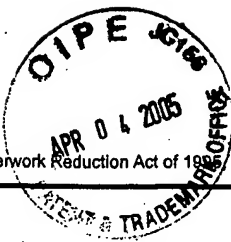
Signature

Date 3/28/05

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PTO/SB/83 (01-03)

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CORRESPONDENCE ADDRESS☐ Customer NumberPlace Customer Number
Bar Code Label here**OR**

| | | |
|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Frank Nguyen, Vice President & General Counsel | (E-mail: Frank.Nguyen@Intusurg.com) |
|---|--|-------------------------------------|

| | |
|---------|--------------------------|
| Address | Intuitive Surgical, Inc. |
|---------|--------------------------|

| | |
|---------|----------------|
| Address | 950 Kifer Road |
|---------|----------------|

| | | | | | |
|------|-----------|-------|----|-----|-------|
| City | Sunnyvale | State | CA | ZIP | 94086 |
|------|-----------|-------|----|-----|-------|

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| Country | USA |
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This request is enclosed in triplicate (including any attachments).

| | |
|------|---|
| Name | Mark D. Barrish, Reg. No. 36,443, Townsend and Townsend and Crew, LLP |
|------|---|

| | |
|-----------|--|
| Signature | |
|-----------|--|

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